Minnesota State Fire Marshal Division
Arson Suspect Pointer System
October, 2003

Minnesota Statute 299F.04, Subdivision 3a requires the State Fire Marshal to administer and maintain a computerized arson investigation data system. The purpose of the system is to collect information about suspected arsonists that may be used by criminal justice agencies, including the fire service, in the investigation and prosecution of those individuals.

The Arson Data System consists of a computer database designed to provide reporting and inquiring agencies with "pointers" to each other. The database contains arson suspect information provided by reporting agencies. When the State Fire Marshal Division receives an inquiry, a database search is conducted and a report prepared for the inquiring agency. The report consists of a list of agencies reporting information similar to the inquiry, and a contact person at each agency who can provide additional information.

For the purposes of the Arson Data System, an arson suspect is:

> Anyone, who, due to circumstance or information obtained through investigation, has possible involvement in a crime, whether or not there is any evidence, direct or indirect, that offers proof of that involvement.

Getting Information In to the System:

Arson suspect information must be submitted to the State Fire Marshal Division on a form provided by the Division.   A copy of the form and a document describing each field on the form is attached. Completed forms must be submitted to the Division at the address below, or by fax to 651-215-0541. Information is entered into the system within two working days of its receipt.

Getting Information Out of the System:

System inquiries from authorized agencies will be accepted by mail or fax, and must be submitted on a standard inquiry request form provided by the Division. Inquiry reports provided to authorized agencies other than the Division will generally be limited to the standard reports available from the system. Requests for special reports will be considered on a case by case basis.

When inquiries are received by phone or electronic mail, Division personnel will complete the standard inquiry request form, prepare the requested inquiry report and return the report to the inquiring authorized agency.

Reports will be returned ONLY to the mailing address or fax machine of the inquiring authorized agency. The cover and all report pages of fax transmissions will be marked **CONFIDENTIAL.** Step by step procedures are below:

Reporting Arson Suspect Information:

1. **Mark the top of the form for Suspect Report.**
2. Complete the Arson Suspect Form.
3. Mail completed form to: Arson Suspect Pointer System
   MN State Fire Marshal Division
   444 Cedar St., Suite 145
   St. Paul, MN 55101-5145

   Or FAX form to: Arson Suspect Pointer System
   MN State Fire Marshal Division
   651-215-0541

   (If faxing, be certain to mark the cover page "CONFIDENTIAL")

Inquiring into the System:

1. **Mark the top of the form for Inquiry Request.**
2. Complete as much of the Arson Suspect Form as possible.
3. Mail form to: Arson Suspect Pointer System
   MN State Fire Marshal Division
   444 Cedar St., Suite 145
   St. Paul, MN 55101-5145

   Or FAX form to: Arson Suspect Pointer System
   State Fire Marshal Division
   651-215-0541

   (If faxing, be certain to mark the cover page "CONFIDENTIAL")

   Or telephone us at: Robert Dahm 651-215-0505
   Nora Gierok   651-215-0529

   Or email your request to: Robert.Dahm@state.mn.us or
   Nora.Gierok@state.mn.us

4. Division personnel will make inquiries into the system and report the results in a standard format. The report will contain the agency names, contact names and telephone numbers of agencies that have reported arson suspect information matching the inquiry. A sample report is attached.

Completing the Arson Pointer System Input Form

Top of Form:

Check the appropriate box for a Report Suspect or Inquiry Request.

Fields on the Form:

SUSPECT
1. Last Name: suspect's last name
2. First Name: suspect's first name
3. Middle name: suspect's middle name or middle initial
4. Hair Color: suspect's hair color. Use the NCIC standard codes from tables
5. Eye Color: suspect's eye color. Use the NCIC standard codes from tables
6. Race: suspect's race. Use the NCIC standard codes from tables
7. Gender: suspect's gender, M, F, Unk.
8. DOB: suspect's date of birth
9. Weight: suspect's weight expressed in pounds
10. Height: suspect's weight expressed as a whole number; 6'5" to be expressed as 605
11. Driver License #: suspect's driver license number
12. DL State: suspect's driver license issuing state
13. Notes: other information identifying the suspect (use sparingly)
14. Other Crimes: other crimes that were committed in conjunction with the suspect's arson incident, i.e. burglary, theft, etc.

SUSPECT ADDRESS

1. Address: suspect's street address
2. City: city of suspect's address
3. State: state of suspect's address
4. Zip: ZIP code of suspect's address
5. County: county of suspect's address
6. Home Phone: suspect's home phone number
7. Start Date: the date the suspect started living at the address
8. End Date: the date the suspect ended living at the address
9. Official: check this click if this is the suspect's official address at the time of the report

SUSPECT AFFILIATION

1. Affiliation Type: the type of affiliation being reported
2. Affiliation Name: the suspect's name as used in this affiliation
3. Affiliation Description: describe the suspect's affiliation with this organization
4. Notes: any information associated with this affiliation report
5. Date Reported: the data this suspect affiliation is being reported

SUSPECT ALIAS

1. Last Name: suspect's alias last name
2. First Name: suspect's alias first name
3. Middle Name: suspect's alias middle name or initial
4. DOB: suspect's alias date of birth
5. Date Reported: the date of the report of this alias
6. Notes: any notes regarding this alias report

SUSPECT EMPLOYER

1. Employer: suspect's employer name (company or individual)
2. Employment Date: suspect's date of employment at this employer
3. Contact: name of a contact person at this employer who was contacted
4. Contact Date: the date this employer was contacted for information
5. Contact Phone: telephone number of the contact person at this employer
6. Suspect Phone: suspect's phone number at this employer
7. Official: check if this is the suspect's official employer

SUSPECT MARKINGS/TATTOOS/SCARS

1. Mark Type: suspect's marking types, use Marking, Scar, Tattoo
2. Location: location on suspect of the reported marking, tattoo or scar, use the NCIC standards for this field from tables
3. Date Reported: data of the report of this marking, tattoo or scar
4. Description: a short description of the marking, tattoo or scar being reported

SUSPECT NICKNAME

1. Nickname: suspect's nickname, street name, etc.
2. Date Reported: the date of this nickname report

SUSPECT SOCIAL SECURITY NUMBER

1. Social Security: suspect's social security number
2. Date Reported: the date of this social security number report
3. Official: check if this is the suspect's true, official social security number

SUSPECT VEHICLE

1. Year: year of suspect's vehicle. This also may be expressed in terms of a year range
2. Make: make of suspect's vehicle. Use the NCIC standard codes from tables
3. Model: model of suspect's vehicle. Use the NCIC standard codes from tables
4. Color: the color of the suspect's vehicle. Use the standard NCIC color codes from tables
5. License: license number of suspect's vehicle
6. State: state that issued suspect's vehicle license
7. Date Reported: date of this suspect vehicle report

INCIDENT

1. Incident Date: the date of the incident being reported
2. MO Ignition: the MO for the ignition of this the incident. Use the standard MO ignition phrases provided
3. MO Fuel: the MO fuel used for the incident. Use the MO Fuels standard phrases provided
4. MO Motive: the MO motive of the incident. Use the standard phrases provided
5. Date Reported: the date this report is being made

INCIDENT PROPERTY

1. Owner: the name of the owner of the incident property
2. Address: the street address of the incident property
3. City: city of the property address
4. State: state of the property address
5. ZIP: ZIP code of the property address
6. County: county of the property address
7. Owner Phone #: telephone number of the property owner
8. Insurance: insurance company of the fire insurance on the property
9. Policy Number: policy number of the fire insurance on the property
10. Insurance Contact: name of a contact person for the fire insurance on the property
11. Insurance Phone #: telephone number of the contact person at the insurance company
12. Occupant Name: name of the occupant of the property or unit within the property wherein the fire began
13. Occupant Phone #: telephone number of the named occupant

INCIDENT VICTIM

1. Last Name: last name of the arson incident victim
2. First Name: first name of the arson incident victim
3. Middle Name: middle name or initial of the arson incident victim
4. DOB: date of birth of the arson incident victim
5. Gender: gender of the arson incident victim: M, F
6. Address: street address of the arson incident victim
7. City: city of the arson incident victim
8. State: state of the arson incident victim
9. Zip: ZIP code of the arson incident victim
10. County: county of the arson incident victim

INCIDENT VICTIM'S VEHICLE

1. Year: vehicle year of the victim's vehicle
2. Make: make of the victim's vehicle. Use the NCIC standard codes from the tables
3. Model: model of the victim's vehicle. Use the NCIC standard codes from the tables
4. Color: color of the victim's vehicle. Use the NCIC standard codes from the tables
5. License: license number of the victim's vehicle
6. State: state that issued the victim's vehicle license
7. Date Reported: the date this report is being made

SUSPECT REPORTING AGENCY

1. Reporting Agency: name of the agency making the report
2. ORI: the ORI or FDID of the agency making the report
3. Contact: name of a contact at the reporting agency who may be contacted regarding this suspect
4. Contact Phone: telephone number of the contact person at the reporting agency
5. Date Reported: the date this report is being made